poxyphene is not one that everybody knows how to do very well and you find a good deal of laboratory inconsistency in that measurement.

Second, I recall all the data we have on associations with death comes from something called the Drug Abuse Warning Network (DAWN) which gets a coroner's report from 23 or 24 cities in the United States. It covers a significant portion of the United States population between one-third and one-half or I think it is 40 percent, but not all of it and you have to ask two different questions—first, are the DAWN reported deaths correct due to accident suicide and so on and do they reflect, albeit, what the pattern of national deaths really is, and that is not easy to tell either.

The testimony you have heard from Oregon and to a degree from San Francisco essentially proposes that there are deaths that go unrecorded in most places, hence are not a significant part of the DAWN data which result primarily from nonoverdose deaths, although they may be combination abuse deaths in some sense; a moderate number of Darvon pills combined with alcohol or perhaps with ordinary dosages of tranquilizers but not abusers in the sense that a grossly excessive dose was taken and so forth. That is a hypothesis that is difficult to evaluate. It has to be taken seriously.

You heard from Dr. Wolfe about nor-propoxyphene and its lifetime compared with propoxyphene and you heard him propose from some animal data he has shared with us that there is progressive heart block associated with the accumulated nor-propoxyphene that can be generated in the system as a consequence of ordinary repeated use, day-by-day, coupled perhaps with a slight overdose and with a few drinks, or whatever else.

That is a possibility, Senator, that is very difficult to evaluate at this time. I think the fairest thing we can say at the moment is that the DAWN deaths, the ones that are reported in generating these numbers are in overwhelming majority suicides or massive large accidental overdoses, but that there is still an unevaluated possibility that there is a large set of deaths out there in the world that we are not measuring that is much more accidental in character and that relates to this different action of propoxyphene on which the animal data are just beginning to give us an indication. That is something we are going to be looking at. We take it very seriously, but I think it is still difficult to evaluate at this time.

Senator NELSON. I raise it because it is a viewpoint not uncommonly expressed. As a forensic pathologist, he was looking at the end result and made the point that in many of these cases, if it were a suicide, you would expect to find a whole lot of propoxyphene in the stomach and it was not there. I would not want to go on further to say what he said, since the record speaks better for itself than I can, but I think it is worth looking at his conclusions. Having looked at people who died and have found propoxyphene involved one way or the other, he checked cities that had a good toxicology system and pathologist available to do appropriate studies and he did an extrapolation from that to reach his conclusion.

I have no qualification to judge his methodology or conclusions or anything else, but it did seem to me—since he was taking a position